

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Marys Hospital* (No. ....) St. .... Ward.....

File No. **22228**  
Registered No. **6004**  
St. .... Ward.....

**2. FULL NAME**

(a) Residence, No. *4218th St.* St. **25** Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*abt. 25* *3* *9*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Domestic*  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mississippi*

FATHER 13. NAME *Edo Roberts*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

MOTHER 15. MAIDEN NAME *Emma Heine*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

17. INFORMANT (ADDRESS) *Emma Roberts*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *6-18* 1934

19. UNDERTAKER (ADDRESS) *L. O. Perkins*

20. FILED *11/18/34* *J. B. Bredeck* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 12, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *May 1, 1934* to *June 12, 1934*  
I last saw him alive on *June 11, 1934* Death is said to have occurred on the date stated above, at *4:15 a.m.*  
The principal cause of death and related causes of importance were as follows:  
*Coronary Insufficiency*  
*7-17*  
*92a*

Date of onset *2 years*  
Other contributory causes of importance:  
*Not Known*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify..... (Signed) *J. A. S. Lowery* M. D.  
*11/11/34*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

